



Memorandum

To:

Variance applicant

From:

Planning and Development Services

Date:

October 3, 2003

Subject:

Variance application requirements

Please provide the following with your completed application for a variance:

• Fifteen 11" x 17" copies of the plot plan, survey, or site plan with the requested area for the variance clouded;

- A filing fee of \$150.00;
- Mailing labels for all property owners within 200 feet of the property;
- Postage equating to the total number or mailing labels; and
- The property owner's signature with complete notary block.

Following the receipt of the completed application and the above materials, the City of Frisco will schedule your request for consideration at a future Board of Adjustments meeting. You will be notified of the meeting date. If you have any questions, please call Planning and Development Services at (972) 335-5540. Thank you.

APPEAL TO THE BOARD OF ADJUSTMENT City of Frisco, Texas Case No.	Receipt NoReceipt Date
PLEASE TYPE OR PRINT USING BLACK INK	
DATA RELATIVE TO VARIANCE REQUEST:	
Street Address:	Zoning District:
Lot Number:Block Number:	Addition:
TO THE HONORABLE BOARD OF ADJUSTMENT:	
(Applicant) (Ap	plicant's Phone Number) - FAX.
(Applicant's Street Address City	State Zip)
In accordance with the provisions of the is now made to the Honorable Board of following variance request:	
In order to make a finding of hardship a Board of Adjustment must determine to conditions are met. State how your requested note that the stated hardship may induced. a. The requested variance does not ordinance or its amendments:	nest meets these conditions. y not be financial nor self-
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Appeal to the Board of Adjustment - Page 1

b.	Special condition physical feature parcel of land are in the same zoni	es exist that id are not appl:	are necular	
c.	The hardship is actions:	in no way the	result of the	e applicant's own
	accions.			
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*		×.		
d.		d deprive the properties in	the same zoni	ordinance or its rights commonly ng district, that
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<u></u>				
PĻE	ASE CHECK ONE:			
	I will represe	nt this variand	e request at t	the Board meeting.
Boa var	I will not be a red meeting. My auditionic before the B	thorized repres	entative, who	nce request at the will request this
Nam	ne (Please print)		Telephone	Number
str	eet Address	City	State	Zip
		•		

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PLEASE COMPLETE THE FOLI	OWING INFOR	MAȚION IF OTHI	R THAN APP	LICANT:
Property Owner (Please Print)		Telephone Number		
Street Address	City	State	Zip	
Tenant Name (Please prin	Telephone Number			
Street Address	City	State	Zip	•
I do hereby certify that to the best of my knowle	the above	statements are	true and o	correct
	/Annlianni	's signature)	(Da	
*	Appircant	. s signature)	(De	(CE)
STATE OF TEXAS COUNTY OF COLLIN	X			
Subscribed and st	worn to be	fore me this	s d	ay of
oath certifies that the the best of his/her know	apove stat	ements are tru	e and corr	ect to
(Notary Public)	му с	ommission expir	es:	
· -		;		
If the owner of the susigning below, the owner representative to make the before the Board.	authorizes	the applicant	or his auth	orizea
•	(Owner)	(Da	te)	_

STATE OF TEXAS COUNTY OF COLLIN

Subscribed	and sworn	to befo	ore me	this _	day of
oath certifies t	, 19, by	, <u> </u>		wh	o, on his/her
oath certifies t	hat the above	ve statem	ents are	true a	d correct to
the best of his/	her knowledg	le.			•

	,		_My commission expires:	
(Notary	Public)	i e		

NOTES TO APPLICANT:

The Applicant, or Authorized Representative must submit fifteen (15) copies of the plot plan/survey with the requested area for variance highlighted.

All fees must be received prior to placement on the Board of Adjustment Agenda.

Meetings shall be called at the discretion of the Chairman of the Board of Adjustment, and will be held in accordance with the Open Meetings Act.

A Notice of Meeting will be sent only to the Applicant, or to the Authorized Representative if one is designated.

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